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CONFIRMATION NO. 7113

<b>SERIAL NUMBER</b> 10/672,100	<b>FILING OR 371(c) DATE</b> 09/26/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 50124/01101	
<b>APPLICANTS</b> Erwin R. John, Mamaroneck, NY;  ** CONTINUING DATA ***** none LSP  ** FOREIGN APPLICATIONS ***** none LSP  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/04/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> FAY KAPLUN & MARCIN, LLP Suite 702 150 Broadway New York, NY 10038					
<b>TITLE</b> System and method for correction of intracerebral chemical imbalances					
<b>FILING FEE RECEIVED</b> 651	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		